Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

ANNUAL FARM REPORT

Limited Liability Company

Please Type or Print Clearly in Ink No Filing Fee

1. L.L.C. Name and Address:

FILE DATE
RECEIPT NO
Telephone #
FAX #
FILING DATE: To be filed with the Annual Report.

					Telephone FAX #	#		
							To be filed with the	
2.	The name of the Sou	uth Dakota Registered Agent						
	Street Address (Required to be a South Dakota Address)		City		Sta	te 2	ZIP+4	
	Mailing Address (Optional	al – Required to be a South Dakota Address)	City		Sta	te 2	ZIP+4	
3.		s since the last report of the acreage a state owned or leased by the corporat		ction, town	ship and	county of e	ach lot or	
	County	Section	Towns	ship			Acres	
	County	Section	Towns	ship			Acres	
	County	Section	Towns	ship			Acres	
4.	Please complete the	appropriate section:						
	Family Farm Corporation							
	Authorized Farm Corporation	The PERCENTAGE of gross receipts of the company derived from rent, royalties, dividends, interest and annuities.					%	
5.	List changes only of	names, address and number of member	pership interests o	wned by s	hareholde	ers.		
<u>_</u>	Name	Address	City	State	Zip	Shares	Kindred	
1	Name	Address	City	State	Zip	Shares	Kindred	
<u>_</u>	Name	Address	City	State	Zip	Shares	Kindred	
D	ated		(Signature of an au	uthorized offic	cer)			
			(Printed Name)					
			(Title)					
						llcfarm	report July 2008	